

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

1

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IND. DEP.

49

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IND. DEP.

50

IND.

DEP.

IND. DEP.

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

51

52

53